

GA 3725  
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Practitioner's Docket N . 33507

PATENT

JOINT  
OIP E  
JUN 05 2000  
PATENT & TRADEMARK

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Segal, Vladimir; Willett, William B.; and Ferrasse, Stephane  
Application No.: 09/465,492 Group No.: 3725  
Filed: 12/16/1999 Examiner: Unknown  
For: High-Strength Sputtering Targets and Method of Making Same

1742

Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- X deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: June 1, 2000

Signature

Rebecca Joyce

(type or print name of person certifying)

(Amendment Transmittal—page 1 of 2)

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Classification  
as per  
2 pages  
where it belongs  
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### FEE FOR CLAIMS

4. The fee for claims (34) C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	56	Minus	48	= 8	x \$18 =	\$144
Indep.	9	Minus	5	= 4	x \$78 =	\$312
First Presentation of Multiple Dependent Claim					+ \$260 =	\$0
Total					Addit. Fee	<u>\$456</u>

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$456.00

### FEE PAYMENT

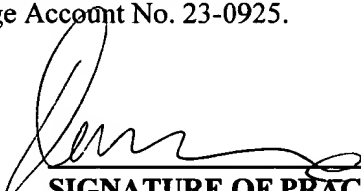
5. Attached is a check in the sum of \$456.00.

### FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 23-0925.  
If any additional fee for claims is required, charge Account No. 23-0925.

Dated: June 1, 2000

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**SIGNATURE OF PRACTITIONER**  
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